

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/25/2014
FORM APPROVED
OMB NO. 0938-0391

454 8/09/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445297	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/23/2014
NAME OF PROVIDER OR SUPPLIER KINDRED HEALTH AND REHABILITATION-NORTHHAVEN			STREET ADDRESS, CITY, STATE, ZIP CODE 3300 BROADWAY NE KNOXVILLE, TN 37917		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 051 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview, it was determined that the facility failed to install and arrange the fire alarm system components in accordance with NFPA 72.</p> <p>The findings include:</p> <p>1. Observation on June 23, 2014 at 10:00 a.m. revealed corridor smoke detectors were within 3 feet of air flow in the following locations:</p>	K 051	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>K051</p> <p>It is the practice of this facility to ensure that the fire alarm system and components are installed in accordance with NFPA 72.</p> <p>The smoke detectors allocated in the corridor by rooms 227, 114, and 125 will be moved to greater than 3 feet from the air flow (vents) by Simplex Grinnell by 07/25/2014 to be in accordance with the NFPA 72 guidelines.</p> <p>The manual fire pull stations at the ambulance entrance, front entrance lobby, and exit by room 211 will be moved to within 5 feet of the exits by Simplex Grinnell by 07/25/2014 to be in accordance with NFPA 72 guidelines.</p> <p>The Maintenance director will supervise the work being done by Simplex Grinnell to ensure that the proper distance and installation of the smoke detectors and fire pull stations are achieved to meet with the regulations.</p> <p>Maintenance director will report the results to the Performance Improvement Committee (Administrator, Director of Nursing Services, Staff Development Coordinator,</p>	07/25/2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Buddy Durham

Administrator

7/11/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 051	Continued From page 1 a. In the corridor by room 227. b. In the corridor by room 114. c. In the corridor by room 125. 2. Observation on June 23, 2014 at 11:00 a.m. revealed manual fire alarm pull stations were not provided within 5 feet of the exits in the following locations: a. At the exit to the ambulance entrance. b. At the exit of the front entrance lobbies. c. At the exit by room 211. These findings were verified by maintenance director and acknowledged by the administrator during the exit conference on June 23, 2014. (NFPA 72 2-8.2.2 & 2-3.5.1*) NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to test all generator components. The findings include:	K 051	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> Dietary, Social Services, Case Manager, Medical Director, and Maintenance Director) when the work is completed. <i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	
K 144 SS=D		K 144	K144 It is the practice of this facility to ensure that all generator components are inspected and under load for 30 minutes per month in accordance with NFPA 99 which includes the specific gravity for the generator batteries being tested monthly. A battery tester was purchased on 06/23/14 by the maintenance director, and the specific gravity of the generator batteries was tested on 07/03/2014 for the first time. The Maintenance Director or maintenance assistant will test the specific gravity of the generator batteries at least monthly during the 30 minute load test, and document the findings on the Preventative Maintenance Log.	08/01/2014

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K 144	<p>Continued From page 2</p> <p>Record review and interview with the maintenance director on June 23, 2014 at 7:00 a.m. revealed the specific gravity for the generator batteries is not being tested monthly.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on June 23, 2014.</p> <p>NFPA 110 6.3.6 and Figure A-6-3.1(a) and (b)</p>	K 144	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>The Maintenance Director will report the results from the Preventative Maintenance Log to the Performance Improvement Committee (Administrator, Director of Nursing Services, Activities, Director, Staff Development Coordinator, Dietary, Social Services, Case Manager, Medical Director, and Maintenance Director) at the monthly Performance Improvement meeting.</p>		